	Annroyed	OMD No.	2040-0042
OHIII	Approved	OIND NO.	2040-0042

United States Environmental Protection Agency Office of Drinking Water Washington, DC 20460

IIIC Federal Reporting System

I. Name and Address of Reporting Agency

United States Environmental Protection Agency Region 8

Part II: Compliance Evaluation Significant Noncompliance (This information is solicited under the authority of the Safe Drinking Water Act)						Region 8 999 18th Street, Suite 300 Denver, CO 80202-2466						
II. Date Prepared (month, day, year) III. State Contact (name, telephone no.)			IV. Reporting Period (month, year)									
				Octok	per 1, 2	:0	То					
				Class and Type of Injection Wells								
					II		<u>,, </u>					
ltem			ļ	SWD	ER	нс	1					
			'	2D	2R	2H	111	IV	V			
	Total Wells	Α	Number of									
V.				of Unauthorized n SNC Violations								
Summary				of Mechanical Integrity								
of			SNC Vio	olations of Injection Pressure								
Significant	Total		3. SNC Vio									
Non-	Total Violations	В		of Plugging indonment SNC Violations								
Compliance			5. Number	of SNC Violations								
(SNC)				al Orders of Falsification								
(0110)			SNC Vio	of Other SNC Violations								
			7. Number (Specify									
	Total Wells	Α	Number of N Enforcemen	Wells with t Actions Against SNC								
VI.			1. Number	of Notices of Violation								
Summary			2. Number	of Consent Agreements/Orders								
of		t B	3. Number	of Administrative Orders								
	Total Enforcement		4. Number	of Civil Referrals								
Enforcement	Actions		5. Number	of Criminal Referrals								
Against			6. Number	of Well Shut-ins								
SNC			7. Number	of Pipeline Severances								
			0.	of Other Enforcement Actions SNC Violations (Specify)								
VII. Summary	Number of We	ells i	n SNC	A. This Quarter								
of Compliance	Returned to Comp		oliance	B. This Year								
VIII. Contamination	Number of Cases of Alleged Contamination of a USDW											
IX.	IX. Class IV/Endangering Class V				Involuntary Well Closure							
Well Closure	Well Closures			Voluntary Well Closure								
				Certification on this form and all attachments the tanged by fine or imp	hereto are t				acknowled	ge that any		
Signature and Typed or Printed Name and Title of Person Completing For							Date	Date Telephone No.				